(b) if so, the details thereof;

(c) whether the value of such degrees is negligent and if so, the reasons of awarding such degrees; and

(d) whether Government propose to take up the matter with the concerned Medical Colleges for necessary action and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) Yes, Sir. Some of the Postgraduate medical courses being conducted in a few Non-Teaching Specialist ntitutions in Delhi are yet to be recognised by the Medical Council of India and he Government. These courses were started prior to the commencement of the ndian Medical Council (Amendment) Act, 1993, when there was no requirement for obtaining prior permission of the Central Government for starting a new course. There are also few courses run by University College of Medical Sciences, Delhi; Maulana Azad Medical College, New Delhi and Lady Hardinge Medical College, New Delhi for which the institutions concerned have already applied to the Medical Council of India for their recognition.

(c) A person having unrecognized degree/diploma qualifications, cannot get registration as an additional qualification under section 26(1) of the Indian Medical Council Act, 1956 (IMC Act, 1956) with the State Medical Councils or the Medical Council of India and further that he/she cannot serve as recognised teacher in Government hospitals/institutions of the country.

(d) As per section 11(2) of the IMC Act, 1956, an institution is required to apply to the Central Government for recognition of the medical courses conducted by it. The Central Government, after obtaining the recommendation of the Medical Council of India issues the necessary notification for inclusion of the said course in the Schedule to the IMC Act, 1956. The institutions which are yet to obtain recognition of the courses conducted by them under section 11(2) of the IMC Act, 1956 and the affiliating University are advised from time to time by the Medical Council of India for getting their courses recognised by the Central Government.

**Increase in AIDS, TB and Malaria**

3134. MISS MABEL REBELLO :

SHRI JANARDHANA POOJARY :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the incidence of AIDS, TB and Malaria is on the increase;

(b) if so, the details thereof for the last three years, State-wise;

(c) the details of programmes undertaken at National and State levels to contain the spread of these ailments, budgetary allocation made for each of the programme, with break-up of the contribution from Central Government and foreign donor agencies;

(d) whether it is a fact that allocations do not commensurate with the magnitude of these diseases, and ever lesser allocation is being made over the last three years; and

(e) if so, the details in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) The Statement-I indicating State-wise details of AIDS, TB and Malaria during last three years is enclosed. (*See* below).

(c) The details of programme undertaken at National and State Level to contain the spread of these ailments, budgetary allocations made for each of the programme, with the breakup of the contribution from Central Government and foreign donor agencies are given at Statement-II (*See* below)

(d) No, Sir.

(e) Does not arise.

***Statement-I***

*Statement indicating the number of reported AIDS, TB and Malaria cases during the last three years*

(i) AIDS CASES

| Sl. No. | State | 2000 | 2001 | 2002 |
|---|---|---|---|---|
| 1. | A&N Islands | 9 | 8 | 7 |
| 2. | Andhra Pradesh | 485 | 732 | 1085 |
| 3. | Arunachal Pradesh | 0 | 0 | 0 |
| 4. | Assam | 62 | 30 | 24 |
| 5. | Bihar | 38 | 63 | 28 |
| 6. | Chandigarh | 114 | 189 | 223 |
| 7. | Dadra and Nagar Haveli | 0 | 0 | 0 |
| 8. | Daman and Diu | 0 | 0 | 0 |
| 9. | Delhi | 64 | 358 | 79 |
| 10. | Goa | 10 | 46 | 49 |

| Sl. No. | State | 2000 | 2001 | 2002 |
|---|---|---|---|---|
| 11. | Gujarat | 245 | 877 | 770 |
| 12. | Haryana | 47 | 141 | 58 |
| 13. | Himachal Pradesh | 15 | 51 | 14 |
| 14. | J & K | 0 | 0 | 0 |
| 15. | Karanataka | 541 | 516 | 314 |
| 16. | Kerala | 56 | 105 | 0 |
| 17. | Lakshadweep | 0 | 0 | 0 |
| 18. | Madhya Pradesh | 294 | 139 | 182 |
| 19. | Maharashtra | 348 | 2728 | 2652 |
| 20. | Manipur | 364 | 307 | 205 |
| 21. | Meghalaya | 0 | 0 | 0 |
| 22. | Mizoram | 3 | 5 | 14 |
| 23. | Nagaland | 51 | 131 | 87 |
| 24. | Orissa | 52 | 28 | 0 |
| 25 | Pondicherry | 0 | 0 | 16 |
| 26. | Punjab | 31 | 4 | 92 |
| 27. | Rajasthan | 106 | 136 | 268 |
| 28. | Sikkim | 0 | 2 | 2 |
| 29. | Tamil Nadu | 4206 | 6484 | 3222 |
| 30. | Tripura | 0 | 0 | 5 |
| 31. | Uttar Pradesh | 93 | 202 | 343 |
| 32. | West Bengal | 0 | 668 | 205 |
| 33. | Ahmedabad M.C. | 0 | 189 | 78 |
| 34. | Mumbai MC | 0 | 0 | 1563 |
| | TOTAL : | 7234 | 14139 | 11585 |

(ii) T.B. CASES

| Sl. No. | State | Year-wise No. of T.B. cases detected and put on treatment | | |
|---|---|---|---|---|
| | | 2000 | 2001 | 2002 |
| 1. | A&N Islands | 748 | 754 | 524 |
| 2. | Andhra Pradesh | 87672 | 95909 | 100505 |
| 3. | Arunachal Pradesh | 3525 | 2730 | 3123 |
| 4. | Assam | 18845 | 20022 | 18038 |
| 5. | Bihar | 41167 | 35272 | 37520 |
| 6. | Chandigarh | 1249 | 1872 | 1727 |
| 7. | Chhattisgarh | — | — | 14295 |
| 8. | D&N Haveli | 177 | — | — |
| 9. | Delhi | 24105 | 26389 | 32604 |
| 10. | Goa | 1858 | 2623 | 1138 |
| 11. | Gujarat | 87561 | 72683 | 61415 |
| 12. | Haryana | 24298 | 28323 | 31703 |
| 13. | Himachal Pradesh | 10214 | 11283 | 12691 |
| 14. | Jammu and Kashmir | 8127 | 9472 | 9142 |
| 15. | Jharkhand | 577 | 44095 | 16336 |
| 16. | Karnataka | 58640 | 20203 | 57276 |
| 17. | Kerala | 21483 | 85766 | 23923 |
| 18. | Madhya Pradesh | 74970 | 81672 | 48675 |
| 19. | Maharashtra | 167990 | 57336 | 117554 |
| 20. | Manipur | 2234 | 4527 | 5556 |
| 21. | Meghalaya | 2017 | 1263 | 2730 |
| 22. | Mizoram | 1172 | 1035 | 1456 |
| 23. | Nagaland | 994 | 6839 | 933 |
| 24. | Orissa | 18871 | 15847 | 27152 |
| 25. | Pondicherry | 3224 | 27248 | 2541 |

| Sl. No. | State | Year-wise No. of T.B. cases detected and put on treatment | | |
|---|---|---|---|---|
| | | 2000 | 2001 | 2002 |
| 26. | Punjab | 29829 | 735 | 20000 |
| 27. | Rajasthan | 68057 | 86197 | 93462 |
| 28. | Sikkim | 1675 | 30898 | 1250 |
| 29. | Tamilnadu | 74258 | 48623 | 80895 |
| 30. | Tripura | 1993 | 178114 | 1032 |
| 31. | Uttar Pradesh | 225907 | 45166 | 207670 |
| 32. | Uttaranchal | 44 | 14681 | 14725 |
| 33. | West Bengal | 82181 | 73275 | 81485 |
| | TOTAL : | 1145618 | 1116171 | 1129076 |

(iii) MALARIA CASES

| Name of the States/UTs | 2000 Malaria Cases | 2001 Malaria Cases | 2002(P) Malaria Cases |
|---|---|---|---|
| Andhra Pradesh | 80557 | 57735 | 35498 |
| Arunachal Pradesh | 46165 | 56030 | 41855 |
| Assam | 84915 | 95142 | 86993 |
| Bihar | 9509 | 4108 | 2032 |
| Chhattisgarh | 359155 | 290666 | 235434 |
| Goa | 9164 | 12331 | 18618 |
| Gujarat | 36712 | 81347 | 80983 |
| Haryana | 1050 | 1202 | 934 |
| Himachal Pradesh | 491 | 349 | 176 |
| Jammu and Kashmir | 3046 | 912 | 477 |
| Jharkhand | 133453 | 130784 | 125229 |
| Karnataka | 109118 | 197625 | 129305 |
| Kerala | 2940 | 2289 | 2985 |
| Madhya Pradesh | 194689 | 183118 | 106651 |
| Maharashtra | 81406 | 58043 | 45813 |
| Manipur | 1064 | 943 | 1268 |
| Meghalaya | 13699 | 20630 | 17916 |
| Mizoram | 9059 | 10929 | 6373 |

| Name of the States/UTs | 2000 Malaria Cases | 2001 Malaria Cases | 2002(P) Malaria Cases |
|---|---|---|---|
| Nagaland | 3443 | 4318 | 3504 |
| Orissa | 50997 | 464541 | 458046 |
| Punjab | 493 | 604 | 203 |
| Rajasthan | 35973 | 129233 | 68051 |
| Sikkim | 15 | 31 | 53 |
| Tamil Nadu | 43053 | 31551 | 27337 |
| Tripura | 12245 | 16502 | 13322 |
| Uttaranchal | 2008 | 1196 | 1075 |
| Uttar Pradesh | 98971 | 94524 | 81018 |
| West Bengal | 145322 | 145059 | 181272 |
| A&N Islands | 1002 | 925 | 865 |
| Chandigarh | 256 | 298 | 157 |
| D&N Haveli | 2415 | 848 | 493 |
| Daman and Diu | 132 | 87 | 173 |
| Delhi | 2631 | 1484 | 694 |
| Lakshadweep | 6 | 0 | 8 |
| Pondicherry | 137 | 106 | 103 |
| GRAND TOTAL | 2931790 | 2085484 | 1772616 |

(P) Provisional

***Statement-II***

*The details of programme undertaken at National and State levels to contain the spread of AIDS, TB and Malaria and break up of budgetary allocation and contribution from Central Government and foreign donors agencies*

AIDS

In order to prevent and control the spread of HIV/AIDS in India, Government has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme with the following components :—

- Preventive interventions for high risk populations through targeted interventions adopting a multi-pronged strategy including peer counselling and behaviour change communication.
- Preventive interventions for the general population through programmes for blood safety, voluntary counselling and testing

services, prevention of parent to child transmission of HIV, Information Education and Communication (IEC) and awareness building among adolescents and sensitization for the AIDS vaccine Initiative.

- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Building technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical Resource Goups, Operational Research and Programme Management.

The allocation made for the National AIDS Control Programme during last three years is indicated below :—

(Rs. in crores)

| Year | Allocation | General Component | Externally Aided Component |
|---|---|---|---|
| 2000-01 | 180.00 | 1.32 | 177.68 |
| 2001-02 | 229.70 | 1.26 | 227.46 |
| 2002-03 | 242.00 | 1.39 | 240.46 |

T.B.

National TB Control Programme is in operation since 1962 in the entire country as centrally sponsored Programme. Under the Programme all diagnostic and treatment facilities including supply of anti-TB drugs for full course of treatment are provided to all TB patients free of cost.

To achieve a cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, Revised National TB Control Programme (RNTCP) widely known as DOTS, which is a WHO, recommended strategy, is being implemented in the country in a phased manner. More than 600 million populations has already been covered under the strategy. It is envisaged to cover 850 million populations by 2004 and the entire country by 2005. The Project Districts have reported a cure rate of more than 80% which means more than 8 out of every 10 patients diagnosed and put on treatment under the

revised strategy and successfully treated. To increase accessibility to the TB care facilities, emphasis is laid on involvement of NGOs, Private Practitioners and Medical Colleges in the revised strategy. To create mass awareness that TB is fully curable and that all diagnostic and treatment facilities including supply of anti-TB drugs for full course of treatment are provided free of cost to all TB patients under the Programme, IEC activities are undertaken at all levels.

The allocation made for the National TB Control Programme during last three years is indicated below :—

(Rs. in crores)

| Year | Allocation | General Component | Externally Aided Component |
|---|---|---|---|
| 2000-01 | 125.00 | 22.00 | 103.00 |
| 2001-02 | 136.00 | 6.00 | 130.00 |
| 2002-03 | 115.00 | 6.00 | 109.00 |

Malaria

To contain the malaria situation, National Anti-Malaria Programme is being implemented throughout the country as an on going programme. For intensification of anti malaria activities, seven North Eastern States are being given 100% central assistance since December, 1994. Further, 1045 predominately tribal inhabited PHCs with high incidence of malaria in 100 districts of 8 States namely Andhra Pradesh, Gujarat, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Orissa and Rajasthan are being provided additional support since September, 1997 under the world Bank assisted Enhanced Malaria Control Project. The assistance provided during the last three years is as under :—

| Year | Domestic Budget Support | Externally Aided Component | Total |
|---|---|---|---|
| 1999-2000 | Rs. 100.56 | Rs. 60.65 | Rs. 161.21 |
| 2000-01 | Rs. 95.24 | Rs. 81.26 | Rs. 176.50 |
| 2001-02 | Rs. 125.26 | Rs. 81.13 | Rs. 206.39 |